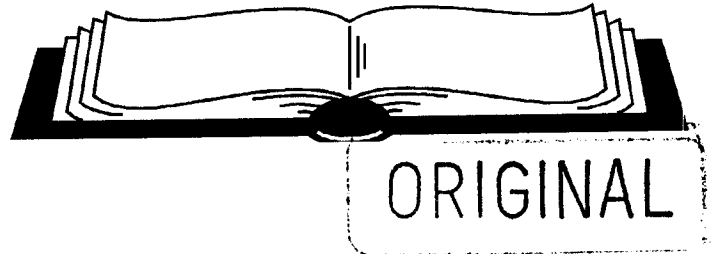


NEW JERSEY

1999-2000
Guidelines and
Application

BEST PRACTICES

Deadline for Application to County Office:
NOVEMBER 22, 1999

Category	<u>Health and Physical Education</u>	(Application is limited to one category. See page 3 for details.)
Practice Name	<u>"In the House - Healthy Bodies, Healthy Minds!"</u>	
Number of Schools with Practice	<u>4</u>	(If more than one school or district, read and complete information on page 2.)
County	<u>Hudson</u>	
District (Proper Name)	<u>Jersey City Public School District</u>	
District Address	<u>346 Claremont Avenue</u>	
District Telephone	<u>Jersey City, New Jersey 07305</u>	
Chief School Administrator	<u>(201) 915-6582 Fax (201) 433-0281 E-mail: Cepps@JCBOE.org</u>	
Nominated School #1		
(Proper Name)	William Dickinson High School	
School Address	<u>2 Palisade Avenue</u>	
School Telephone	<u>Jersey City, New Jersey 07306</u>	
School Principal	<u>(201) 714-4440 Fax: (201) 714-4337 E-mail:</u>	
Program Developer(s)	Mr. Robert Donato	
Chief School Administrator's or Charter School Lead Person's Signature	Dr. Charles T. Epps, Jr., Associate Superintendent Linda Colon, Special Assistant	

FOR USE BY COUNTY SUPERINTENDENT OF SCHOOLS ONLY

Approved: ☒ Yes ☐ No County Superintendent's Signature

NEW JERSEY STATE DEPARTMENT OF EDUCATION

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NEW JERSEY BEST PRACTICES

INFORMATION FOR ADDITIONAL SCHOOL(S)/DISTRICT(S)

If the nominated practice is conducted in more than one school, complete the information below for one to three additional school(s). If the nominated practice is conducted in more than four schools, copy this page and complete the information for all schools. If the nominated practice is included in more than one district, copy the cover page, complete the information for the additional district(s) and number the additional district(s) as District #2, District #3, etc. in the District (Proper Name) column.

Nominated School #2	
(Proper Name) Henry Snyder High School	
School Address	209 Bergen Avenue
	Street/P.O. Box Jersey City, New Jersey 07302
	City zip code
School Telephone	(201) 915-6660 FAX: (201) 451-6067 E-mail:
School Principal	Mr. Bruce Dabney
Program Developers	Dr. Charles Epps, Jr., Linda Colon
Nominated School #3	
(Proper Name) Lincoln High School	
School Address	60 Crescent Avenue
	Street/P.O. Box Jersey City, New Jersey 07304
	City zip code
School Telephone	(201) 915-6700 FAX: (201) 435-4493 E-mail:
School Principal	Mr. David Clauser
Program Developers	Dr. Charles Epps, Jr., Linda Colon
Nominated School #4	
(Proper Name) James J. Ferris High School	
School Address	35 Colgate Street
	Street/P.O. Box Jersey City, New Jersey 07305
	City zip code
School Telephone	(201) 915-6600 FAX: (201) 333-2060 E-mail:
School Principal	Mrs. Georgina Rey Fauta
Program Developers	Dr. Charles Epps, Jr., Linda Colon

NEW JERSEY BEST PRACTICES 1999-2000 APPLICATION

Application Requirements:

- ◆ **RESPONSES to the information and the statements below must be ANONYMOUS.** No reference should be made to the names of the district or the school(s). Use the words "the school" or "the schools" in referring to the applicant in responding to the statements.
- ◆ **USE ONLY THE SPACE PROVIDED ON THE APPLICATION FORM on pages 1, 2 (if applicable) and 4 and THE NUMBER OF LINES SPECIFIED FOR RESPONSES to the statements.** Do not include any additional materials, as they will not be reviewed in the selection process.
- ◆ Application must be **keyboarded on 8 1/2" x 11" white paper, portrait format. Ten-point or larger computer font or twelve-pitch or larger typewriter font** must be used. (This sentence is in ten-point.)
- ◆ **KEYBOARDED RESPONSES** to the statements below must be **no more than a total of three pages.** Keyboard the statement followed by the response. Format your response to the number of lines specified.
- ◆ **The information on page 4 and the keyboarded responses to statements must be printed or copied on one side of the page. The information on pages 1 and 2 (if applicable) must be printed or copied on one side of the page.** Staple pages 1 and 2 (if applicable) and 4 and the keyboarded responses together.
- ◆ **The original application must be signed by the district chief school administrator or charter school lead person, indicating his/her approval.**
- ◆ **The original and seven copies of the application must be submitted to the county superintendent of schools by November 22, 1999, with the Itemized List of District Applications form.** Keep the seven copies of each application together with the original containing the signature of the district chief school administrator or charter school lead person on the top of each set.
- ◆ **FAILURE TO COMPLY WITH THE PROCEDURES FOR SUBMISSION OF THE APPLICATION MAY RESULT IN THE ELIMINATION OF THE APPLICATION..**

The following data is required to assist the panelists in the evaluation of the application:		
Type of School	Grade Levels	Practice Name <u>"In The House – Healthy Bodies, Healthy Minds!"</u>
<input type="checkbox"/> Elementary School	<input type="text"/>	
<input type="checkbox"/> Middle School	<input type="text"/>	
<input type="checkbox"/> Junior High School	<input type="text"/>	
<input checked="" type="checkbox"/> High School	<input type="text" value="9-12"/>	
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	
		Number of Schools with Practice <input type="text" value="4"/>
		Number of Districts with Practice <input type="text" value="1"/>

Check the ONE CATEGORY into which the practice best fits.		
<input type="checkbox"/> Arts (Visual and Performing Arts)	<input type="checkbox"/> Educational Technology	<input type="checkbox"/> Safe Learning Environment
<input type="checkbox"/> Assessment/Evaluation	<input checked="" type="checkbox"/> Health and Physical Education	<input type="checkbox"/> School-to-Careers/Workplace Readiness
<input type="checkbox"/> Bilingual Education and Diversity	<input type="checkbox"/> Language Arts Literacy	<input type="checkbox"/> Science
<input type="checkbox"/> Citizenship/Character Education	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Early Childhood Education Programs	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Special Education
<input type="checkbox"/> Educational Support/Guidance and Counseling Programs (services contributing to high student achievement.)	<input type="checkbox"/> Public Engagement (family involvement and partnerships with business, community and/or higher education.)	<input type="checkbox"/> World Languages

1. Describe the practice proposed for recognition, and list its objectives. Detail how the practice is innovative, how it promotes high student achievement and how it can be replicated. **(Maximum of 50 lines for response)**
2. Describe the educational needs of students that the practice addresses and how they were identified. List the *Core Curriculum Content including the Cross-Content Workplace Readiness Standards** addressed by the practice and describe how the practice addresses the standard(s). **(Maximum of 50 lines for response)**
3. Document the assessment measures used to determine the extent to which the objectives of the practice have been met. **(Maximum of 60 lines for response)**

*The May 1996 edition of the *Core Curriculum Content Standards* published by the New Jersey State Department of Education was disseminated to all districts and charter schools and is available on line through the department's website at <http://www.state.nj.us/education>

1. Describe the practice proposed for recognition, and list its objectives. Detail how the practice is innovative, how it promotes high student achievement and how it can be replicated. (Maximum of 50 lines for response)

In The House – Healthy Bodies, Healthy Minds! is an on-site multi-service center featuring various services in a series of school based health clinics responding to an economically disadvantaged, medically underserved population of urban youth ages 14 and older. The municipality has been statistically identified by the U.S. Department of Health for several years as a high-risk location where reported cases of AIDS fall within the top five cities in the nation. The community profile reflects a variety of issues including poverty, homelessness, drug experimentation and use, court involvement, sexual experimentation and promiscuity, teenage pregnancy and parenting, single parent households, grandparents as head of households and parents in absentia due to death, drug use or incarceration. Each school has a different personality that directly impacts upon student attendance, academic performance and school climate. In response to the environmental factors and the unique personality of each high school, the district designed a constellation of integrated services including an on-site program in each of the four most populated high schools as well as the availability of district staff to provide services off-site.

The on-site program in each high school coincides with the school calendar and is available Monday through Friday. Hours of operation are 8:30 A.M. to 7:00 P.M. for Monday through Thursday and 8:30 A.M. to 4:30 P.M. on Fridays. Personnel in each of the **In The House** on-site services include a licensed clinical social worker, a health educator, a nurse practitioner, registered nurses and an HIV counselor. Scheduled and walk-in appointments provide direct services to students. Student referrals include self-referral and referrals by others such as crisis intervention teachers, attendance officers, guidance counselors, health service coordinators, child study team members, administrators, outside agencies and clinic outreach.

The **In The House - Healthy Bodies, Healthy Minds! Program** incorporates the following objectives:

- to bring physical health and mental health support services on-site in school buildings
- to provide students with the opportunity to make better decisions and educated choices
- to provide a safer school environment
- to provide at-risk students with the integrated support services needed to complete their education
- to provide diagnosis and treatment of sexually transmitted diseases
- to provide health education services through classroom instruction, individual or small group sessions
- to provide counseling and support for pregnant and parenting teens
- to provide small group or individual counseling for bereavement, substance abuse, anger management, conflict management and mediation skills

The **In The House - Healthy Bodies, Healthy Minds! Program** is innovative and unique in that its goal is to wrap support services around at-risk students and their families based upon the specific needs of the student and his/her family at no cost. It may be common for districts to bring services on-site but this district has made a commitment to go one step further by providing a constellation of services off-site. The district hired two social workers, a Service Broker and Court Liaison to accompany the student and family off-site into the specific agency which is either at odds with the student or from whom the student/family need services. The Court Liaison and Service Broker accompany, mentor and navigate the student and/or parent through a very confusing network of social service agencies. Why? By providing this safety net in the community, the district is able to maintain direct contact with a student or family who is in conflict and present that student with an opportunity to remain both physically in school and mentally engaged in academic issues. The school becomes the hub and stable environment for the student in crisis. For example, the **Court Liaison**, is housed at the County Court House and provides Family Court Judges with specific information about the student or specific programs available within the district for that student. The district **Service Broker** accompanies parents to agencies that may provide financial support for utilities or temporary housing. In other instances, the district **Service Broker** may initiate and accompany a family suffering from domestic violence, sexual assault or recent suicide to the site of their first counseling session. Finally, to ensure bridges and linkages with community resources the district has organized and established an **Interagency Task Force** whose membership includes district staff and representatives of key community agencies that meet monthly to discuss the status of agency services as well as the needs of the school community. The **In The House - Healthy Bodies, Healthy Minds! Program** is the district's response to a student and family in crisis, walking the tightrope of urban life.

Sample forms, including job descriptions, parental consent, screening information and a Resource Directory of Services in the local community and state are available to assist in the replication of this model.

2. Describe the educational needs of students that the practice addresses and how they were identified. List the *Core Curriculum Content including the Cross-Content Workplace Readiness Standards** addressed by the practice and describe how the practice addresses the standard(s). (Maximum of 50 lines for response)

Secondary at-risk adolescents need to learn to develop non-violent and non-self destructive mechanisms in order to become productive members of society. The development of appropriate socialization skills, coping strategies, decision making skills and anger management coupled with intellectual flexibility are tools that the at-risk population must attain for an opportunity of a successful life. The cycle of learned helplessness and hopelessness needs to end with this generation. Adolescents on the verge of legalized adulthood do not deserve to become victims of life's circumstances. The **In The House - Healthy Bodies, Healthy Minds! Program** provides students with an opportunity for a healthy alternative in the physical, mental and social realms. An adolescent distracted by the issues of survival, peer pressure or poor physical or mental health, has diminished opportunity for successful learning. The provision of medical and mental health services on-site in close proximity to instruction allows the adolescent to receive the assistance he or she needs along with academic instruction. Provision of one service without the other for an at-risk adolescent is a recipe for failure. Interviews with school staff, students, parents/guardians and community stakeholders identified the needs of the at-risk adolescent. This information coupled with research on on-site services led to the development of the **In The House - Healthy Bodies, Healthy Minds! Program**.

All students referred to the **In The House - Healthy Bodies, Healthy Minds! Program** are screened and assessed to determine the services required to address his/her individual health issues. Students are then scheduled into group sessions with students with similar needs or individual sessions, as needed.

Counseling sessions regarding healthy relationships, self-esteem, empowerment and self-efficacy assist the students in role playing decision-making and refusal skills in situations affecting their personal health and safety. This artificial environment allows students to demonstrate or witness effective communication skills, refusal skills, negotiating skills and assertiveness necessary to ensure their health and safety (2.2.7 and 2.2.8).

Counseling sessions for the development of anger management, mediation skills and conflict resolution address the analysis and cause of conflict and violent behavior including peer, cultural, media and technology influences and assist students in developing nonviolent strategies to prevent and /or resolve conflicts (2.1.9, 2.2.10 and 2.2.14).

Human sexuality and family life education **In The House - Healthy Bodies, Healthy Minds! Program** includes demonstration and discussion regarding physical anatomy, sexual responsibility and sexually transmitted disease, pre-conceptual counseling, demonstration of family planning methods, pregnancy counseling, and pregnancy options and teen parenting skills. Students formulate questions and discuss issues regarding their personal responsibility for sexual health, healthy relationships and sexual decisions and consequences (2.4).

Wellness counseling which involves issues of physical health related to diet and exercise emphasizes nutritional education, the development of a personal fitness plan and discussion of the physiological and psychological benefits linked to health-related fitness activities (2.6).

Participation **In The House - Healthy Bodies, Healthy Minds! Program** allows the student to acquire and analyze information and determine how specific behaviors and decisions can influence their health and the health of others. This information processing is essential for the development of workplace readiness skills (*Cross-Content Workplace Readiness Standard No. 1*) It also provides opportunity to practice the use of critical thinking, decision-making and problem solving skills which correlates with the *Cross-Content Workplace Readiness Standard No. 3*. The demonstration of self-management skills by becoming reliable participants in the self-management of their personal health and safety and active participants in their specific programs demonstrates *Workplace Readiness Standard No.4*.

3. Document the assessment measures used to determine the extent to which the objectives of the practice have been met. (Maximum of 60 lines for response)

The establishment of the **In The House - Healthy Bodies, Healthy Minds! Program** has successfully brought physical health and mental health support services on-site into four high school buildings and provides:

- students with the opportunity to make educated decisions and choices about their health
- a safer school environment where students manage anger and negotiate issues
- integrated support services to increase student attendance and set their own educational goals
- prevention, diagnosis and treatment of sexually transmitted diseases
- health education services through classroom instruction, individual or small group sessions
- counseling and support for pregnant and parenting teens
- counseling for bereavement, substance abuse, anger management, conflict management and mediation skills

Statistical data indicates that during the 1998-1999 school year, adolescent clients sought services in the following order of frequency: mental health services and counseling, family planning and pregnancy related counseling, nurse practitioner services, parenting skills and HIV counseling and testing services. Immunization and psychiatric services although available were minimally requested. Female students were serviced more than males. Male participation increased when the teenage fathers' program began. Although services are available to students age 14 and older, clinic patronage according to age category is as follows: 14 years old – 5%, 15 years old – 15%, 16 years old – 26%, 17 years old – 31% and 18 years old – 23%.

The district Service Broker and Court Liaison, both licensed social workers, assist students and their families in an advocacy and/or counseling capacity. Types of student and family problems identified in order of frequency are child mental health needs including depression and bereavement (29%), parental mental health issues or parental substance abuse (21%), family issues regarding D.Y.F.S. (18%), teen pregnancy and parenthood (17%) and attendance issues (15%). During the 1998-1999 school year the Court Liaison received 757 referrals from the courts for assistance which is approximately 54% of the total number of students arrested. The number of male (54.4%) students arrested outnumbered the females (45.6%). As the students age increased so did the number of arrests. Crimes committed by the students range from possession of a dangerous substance (33%), aggravated assault(20%), violation of probation and warrant (12%), robbery (11%), terroristic threat (5%), receiving stolen property (5%), possession of a weapon(4%), possession of a firearm (4%), auto theft (2%), arson (2%), burglary (1%) and disorderly conducted (1%). Eighty- six percent of all students arrested are between the ages of 14 to 18 years old.

Despite the significant issues that exist in this community as evidenced by the statistical data cited in the previous two paragraphs, the **In The House - Healthy Bodies, Healthy Minds! Program** is having a positive impact on the community it services in and outside of the schools. Students who can manage their own behavior and make informed decisions - rather than impulsive ones - will directly affect the climate of the school and surrounding community.

True assessment and outcome measurement of the **In The House - Healthy Bodies, Healthy Minds! Program** is measured in the lives of the adolescents serviced, by the relationships they encounter and their reactions and decisions in those encounters. How do you effectively measure the effects of bereavement counseling for three sisters in a single parent household who have lost their only parent to HIV/AIDS as a result of substance abuse and are now being separated to live in different foster homes? Does the number of sessions or labeling the type of session truly indicate the service provided? Isn't it the actions, health and the decisions made by these adolescents now and in the future that truly measures the assessment of a mental health program. Numbers of services don't necessarily reveal or reflect the depth to which the services have touched the lives of these adolescents.